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UTILITY PATENT APPLICATION TRANSMITTAL

Attom	sy Docket No.	P-4043-US				
First Ir	ventor or Applica	tion Identifier	KOROL, Victor et al.			
Title METHOD AND APPARATUS OF ZERO DEFLECTION						
Ernre	Express Mall I shal No					

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mall Label No.

See	APPLICATION ELEMENTS B MPEP chapter 600 concerning patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231				
	* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
2.	Applicant claims small entity status. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3	Specification [Total Pages 17] (preferred arrangement set forth below)	a. Computer Readable Form (CRF)				
<u> </u>	- Descriptive title of the Invention	b. Specification Sequence Listing on:				
Σ.	- Cross References to Related Applications	I. CD-ROM or CD-R (2 copies), or BE				
1 2 2	- Statement Regarding Fed sponsored R & D	ii. paper				
Ö	 Reference to sequence listing, a table, or a computer program listing appendix 	c. Statements verifying identity of above copies				
	- Background of the Invention	ACCOMPANYING APPLICATION PARTS				
•	- Brief Summary of the Invention	Assignment Papers (cover sheet & document(s))				
	- Brief Description of the Drawings (if filed)	37 C.F.R. §3.73(b) Statement Power of				
	- Detailed Description	10. (when there is an assignee) Attorney				
	- Claim(s) - Abstract of the Disclosure	11. English Translation Document (if applicable)				
4.	Drawing(s) (35 U.S.C 113) [Total Sheets 3]	12. Information Disclosure Statement(IDS)/PTO-1449 Copies of IDS Citations				
5. Dath or	r Declaration [Total Pages 3]	13. Preliminary Amendment				
Z a. (2	Unexecuted (original or copy)	Return Receipt Postcard (MPEP 5303) (Should be specifically itemized)				
	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
te drand	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.53(d)(2) and 1.33(b)	16. Other:				
6.	Application Data Sheet. See 37 CFR 1.76					
17. If a C	17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1,76					
7	Continuation Divisional Continuation-In-	part (CIP) of prior application No.:/				
Prior application information: Examiner Group/Art Unit:						
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
		NDENCE ADDRESS				
☐ Customer Number or Bar Code ((Inselt Customer No or Attach bar code liber(nere)) or ☑ Correspondence address below						
-Name	Eitan, Pearl, Latzer & Cohen-Zedek					
Address	One Crystal Park, Suite 210, 2011 Crystal Drive					
City	Arlington State	VA Zip Code 22202-3709				
Country	USA Telephone	(703) 486-0600 Fax (703) 466-0800				
Name	Name (Pnnb/Type) Caleb Pollack Registration No. (Attomey/Agent) 37,912					
Signa	rure Could 1	Date 24 July 2001				
	100					

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (0s-00)
Approved for use through 10/31/2002, OMB 0851-0932
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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Complete if Known			
Application Number			
Filing Date			
First Named Inventor	KOROL, Victor et al.		
Examiner Name			
Group / Art Unit			
Attorney Docket No.	P-4043-US		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
		3. ADDITIONAL FEES				
1. The Commissioner is hereby authorized to charge		Large Entity Small Entity				
Indicated fees and credit any over payments to:	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee Paid	
Deposit 05-0649	105	130	205	65	Fee Description Fee Paid Surcharge - late filing fee or oath	
Account Number						
Deposit Account Name Eitan, Pearl, Latzer & Cohen-Zedek Name	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
☐ Charge Any Additional Fee Required Under 37 CFR 1.15 and 1.17	139	130	139	130	Non-English specification	
Applicant claims small onlity status See 37 CFR 1.27	147	2,520	147	2,520	For filing a request for ex parte reexamination	
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Credit card Money Other	113	1,840*	113	1,840	Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
A. BASIC FILING FEE	118	390	216	195	Extension for reply within second month	
Earge Entity Small Entity	117	890	217	445	Extension for reply within third month	
Fee Fce Fee Fee Description Fee Paid	118	1,380	218	6 95	Extension for reply within fourth month	
601 710 201 355 Utility filing fee 710,00	128	1,890	228	945	Extension for reply within fifth month	
£06 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal	
#107 490 207 245 Plant filing fee	120	310	220	155	Filling a brief in support of an appeal	
±08 710 208 355 Relssue filing fee	121	270	221	135	Request for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)710.00	141	1,240	241	620	Patition to revive - unintentional	
Z EXTRA CLAIM FEES	142	1,240	242	620	Utility issue fee (or relssue)	
Fee from Extra Claims Below Fee Paid	143	440	243	220	Design Issue fee	
Total Claims 25 -20** = 6 X 18 = 90.00	144	600	244	300	Plant Issue fee	
Mdependent 5 ⋅3~ = 2 X 80 = 160.00	122	130	122	130	Petitions to the Commissioner	
Multiple Dependent X	123	50	123	50	Petitions related to provisional applications	
	126	240	126	240	Submission of Information Disclosure Start	
Large Entity Small Entity For Fee Fee Fee Fee Description Code (5) Code (5)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 16 203 9 Claims in excess of 20	146	710	246	355	Filing a submission after final rejection (37 CFR 1 129(a))	
102 80 202 40 Independent dalins in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149	710	240	355	For each additional Invention to be examined (37 CFR 1.129(b))	
109 80 209 40 ** Reissue independent claims over original patent	179 169	71 0 900	279 169		Request for Continued Examination (RCE) Request for expedited examination	
110 18 210 g **Relssus claims in excess of 20 and over original patent	Other fo	ae (spec	eify)		of a design application	
					eaid SUBTOTAL (3) (\$)	
SUBMITTED BY					Complete Westernel	
Name (Print /Type) Caleb Pollack			istratio		Complete (if sppiicable) 37,912	
Signature	11	_ (Atto	mey/Ag	erit)		
Signature Date July 24, 2001 Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any companies						

Burden Hour Statement into form is estimated to take 0.2 floors to complete in time will vary depending upon the fleets of the individual case, any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.